

UTILITY		Attorney Docket No.	160-011
PATENT APPLICATION		First Inventor	Backes
TRANSMITTAL		Title	Transmission Channel Selection Apparatus
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EV439629098US

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
See MPEP chapter 600 concerning utility patent application contents.			
1.	<input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		
2.	<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
3.	<input checked="" type="checkbox"/> Application for Patent <i>(preferred arrangement set forth below)</i>		
	[Total Pages]	99]
96 pp. Specification 2 pp - Claim(s) 1-3 1 pg.- Abstract of the Disclosure			
4.	<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 62]		
5.	<input checked="" type="checkbox"/> Oath or Declaration [Total Sheets] 3]		
a.	<input checked="" type="checkbox"/> Newly executed (original or copy)		
b.	<input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>		
i.	<input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6.	<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
7.	<input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
8.	Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
a.	<input type="checkbox"/> Computer Readable Form (CRF)		
b.	Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper		
c.	<input type="checkbox"/> Statements verifying identity of above copies		
ACCOMPANYING APPLICATION PARTS			
9.	<input checked="" type="checkbox"/> Assignment Papers		
10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney		
11.	<input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
13.	<input type="checkbox"/> Preliminary Amendment		
14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
17.	<input type="checkbox"/> Other:		

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____
 Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34845	or	<input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)			
Name	Steubing McGuinness & Manaras LLP		
Address	125 Nagog Park Drive		
City	Acton	State	MA
Country	USA	Telephone	978-264-6664
Fax	978-264-9119		

Name (Print/type)	Mary Steubing	Registration No. (Attorney/Agent)	37,946
Signature	<i>Mary Steubing</i>	Date	February 18, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

031356 U.S.PTO
10/7/81228

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$425.00)

Complete if Known	
Application Number	Not yet known
Filing Date	Herewith
First Named Inventor	Backes
Examiner Name	
Art Unit	
Attorney Docket No.	160-011

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number	502569
Deposit Account Name	Steubing McGuinness & Manaras LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385 Utility filing fee
1002	2002	340	170 Design filing fee
1003	2003	530	265 Plant filing fee
1004	2004	770	385 Reissue filing fee
1005	2005	160	80 Provisional filing fee

SUBTOTAL (1) (\$385.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims		Fee from below	Fee Paid
		3	-20**=	1	-3**=

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	18 9 Claims in excess of 20
1201	2201	86 43 Independent claims in excess of 3
1203	2203	290 145 Multiple dependent claim, if not paid
1204	2204	86 43 **Reissue independent claims over original patent
1205	2205	18 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)	
1051	130	2051	65 Surcharge – late filing fee or oath	
1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for ex parte reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	110	2251	55 Extension for reply within first month	
1252	420	2252	210 Extension for reply within second month	
1253	950	2253	475 Extension for reply within third month	
1254	1,480	2254	740 Extension for reply within fourth month	
1255	2,010	2255	1,005 Extension for reply within fifth month	
1401	330	2401	165 Notice of Appeal	
1402	330	2402	165 Filing a brief in support of an appeal	
1403	290	2403	145 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	110	2452	55 Petition to revive – unavoidable	
1453	1,330	2453	665 Petition to revive – unintentional	
1501	1,330	2501	665 Utility issue fee (or reissue)	
1502	480	2502	240 Design issue fee	
1503	640	2503	320 Plant issue fee	
1460	130	1460	130 Petitions to the Commissioner	
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	40.00
1809	770	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40.00)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Mary Steubing	Registration No. (Attorney/Agent)	37,946	Telephone 978-264-6664
Signature	Mary Steubing	Date	3/18/04	